



Health Insurance

- The deductible, coinsurance and co-payments are eligible for pre-tax treatment through the IRC Section 125 FlexComp program. Pre-taxing may benefit you because it allows you to pay eligible medical expenses using dollars which have been deducted from your salary before federal and state taxes are withheld. This means you are paying with tax-free dollars.
- PREFERRED PROVIDER ORGANIZATION (PPO PLAN)** - a group of Health Care Providers who have agreed to provide the Members of NDPERS with discounted services.
- EXCLUSIVE PROVIDER ORGANIZATION (EPO PLAN)** - a clinic, group network practice or individual practitioners who have agreed to provide Covered Services to the Members of NDPERS. Subscribers select an EPO Health Care Provider for a period of 1 year. A Subscriber's primary residence must be within a 50-mile radius of an EPO Network.
- The Annual Enrollment Season does not apply to EPO members or members who are considering enrollment in the EPO. Open enrollment for the EPO is each year during the month of May.

This summary of benefits is intended to describe only a general outline, and does not represent the actual terms and conditions of the policy. For actual terms and conditions: [Certificate of Insurance](#)

EFFECTIVE July 1, 2005 – June 30, 2007 (Coverage subject to change 7/1/2007)	BASIC	PPO	EPO
	SELF REFERRAL		
Deductible for Non-Physician Services* - Per Person - Per Family * Services billed by a physician or psychiatrist.	All Services \$250 \$750	All Services \$250 \$750	All Services \$100 \$300
Co-payment for Physician Office Visits	\$25	\$20	\$15
Co-payment for Emergency Room Visits	\$50	\$50	\$50
Co-Insurance on covered services EXCEPT Physician Office Visits	75/25	80/20	85/15
Co-Insurance Maximum - Individual - Family	\$1250 \$2500	\$750 \$1500	\$500 \$1000
Prescription Formulary Generic Drug - Co-payment - Co-Insurance	\$5 15%	\$5 15%	\$5 15%
Prescription Formulary Brand-Name Drug - Co-payment - Co-Insurance	\$15 25%	\$15 25%	\$15 25%
Prescription Non-Formulary Drug - Co-payment - Co-Insurance	\$25 50%	\$25 50%	\$25 50%

- \$1,000 Formulary coinsurance maximum per person per benefit period. After maximum is met, only the copayment applies.

Link to enrollment form:

- [NDPERS Group Health Application](#)